

The Office of Inspector General's Provider Self-Disclosure Protocol (Protocol) was established as a mechanism for health care providers to disclose and resolve conduct that violates the civil monetary penalty laws. Providers seeking admission into the Protocol are required to disclose very detailed information including the provider's contact information and the nature of the problematic conduct described in the submission. For your reference, this outline provides a complete list of the information required by OIG's electronic submission form. For more information on the Protocol, please see <http://oig.hhs.gov/compliance/self-disclosure-info/protocol.asp>.

## I. INFORMATION ABOUT THE PROVIDER

- a. Name:
- b. Address:
- c. City:
- d. State:
- e. Zip Code:
- f. Telephone Number:
- g. Provider's Identification Number (PIN) or National Practitioner Identification Number (NPIN):
- h. Medicare Number:
- i. Medicaid Number:
- j. Tax ID Number:
- k. Medicare Administrative Carrier:
- l. Type of Provider:
  - i. Please choose from the following:
    1. Academic Medical Center
    2. Academic Medical Practice
    3. Ambulance Company
    4. Ambulatory Surgery Center
    5. Assisted Living Facility
    6. Billing Consultant/Practice Management Group
    7. Clinic-Renal Dialysis
    8. Clinic-Outpatient
    9. Durable Medical Equipment Supplier
    10. Home Health Agency
    11. Hospice
    12. Hospital
    13. Individual Practitioner/Small Group (9 or less)-Chiropractor
    14. Individual Practitioner/Small Group (9 or less)-M.D./D.O.

15. Individual Practitioner/Small Group (9 or less)-Pharmacist
16. Individual Practitioner/Small Group (9 or less)-Podiatrist
17. Individual Practitioner/Small Group (9 or less)-Psychiatrist
18. Individual Practitioner/Small Group (9 or less)-Psychologist
19. Individual Practitioner/Small Group (9 or less)-Other
20. Laboratory
21. Managed Care Organization/Plan Administrator
22. Medical Device Manufacturer/Distributor
23. Medical Group Practice (10 or more)
24. Mental Health Facility
25. Other
26. Pharmaceutical Benefits Manager
27. Pharmaceutical Manufacturer/Distributor
28. Pharmacy
29. Rehabilitation Facility
30. Select Agent Entity
31. Skilled Nursing Facility
32. State/Local Agency Services (Pt/OT/etc.)

m. Is the disclosing Provider owned, controlled, or otherwise part of a system or network?

**II. INFORMATION REGARDING THE PROVIDER'S REPRESENTATIVE**

- a. Name:
- b. Address:
- c. City:
- d. State:
- e. Zip Code:
- f. Telephone Number:
- g. Email Address:

**III. INFORMATION REGARDING THE CONDUCT BEING DISCLOSED**

- a. What type of conduct is being disclosed?
  - i. Please choose from the following:
    1. Anti-Kickback Statute
      - a. Kickbacks to beneficiaries
      - b. Kickbacks to other providers
      - c. Kickbacks to physicians
    2. Improper billing practices
      - a. Employment of an excluded individual

- b. Improper coding
    - c. Medically unnecessary services
    - d. Other
    - e. Services not covered
    - f. Services not documented
    - g. Services not properly supervised
    - h. Services provided by unlicensed or improperly licensed persons
  - 3. Other
  - 4. Pharmaceuticals and Devices
    - a. Off-label marketing of a device
    - b. Off-label marketing of a drug
    - c. Improper price reporting
  - 5. Quality of Care
- b. To your knowledge, is the Provider currently under investigation by any Government Agency?
  - i. If yes, please provide the Agency's contact information.
- c. Does the submission contain a description of the provider's corrective action upon discovery of the conduct?
- d. Has the disclosing Provider conducted an investigation regarding the conduct disclosed in the submission?
  - i. Does the submission contain a complete description of the disclosed conduct?
  - ii. Does the submission contain a copy of the Provider's complete internal investigation?
- e. Does the submission contain an estimate of monetary damages to the Federal health care programs as a result of the conduct disclosed, and the methodology used to calculate that figure?
  - i. If the estimate of damages is not yet complete, does the submission contain a statement certifying the Provider intends to provide an estimate of monetary damages to the Federal health care programs within 90 days of submission?
- f. Does the submission contain a statement of the laws potentially violated as a result of the disclosed conduct?
  - i. Which Federal health care program(s) are potentially affected as a result of the conduct disclosed?
  - ii. Please choose from the following:

1. 42 U.S.C. § 1320a-7a(a)(1)(A), SSA § 1128A(a)(1)(A)
2. 42 U.S.C. § 1320a-7a(a)(1)(B), SSA § 1128A(a)(1)(B)
3. 42 U.S.C. § 1320a-7a(a)(1)(C), SSA § 1128A(a)(1)(C)
4. 42 U.S.C. § 1320a-7a(a)(1)(D), SSA § 1128A(a)(1)(D)
5. 42 U.S.C. § 1320a-7a(a)(1)(E), SSA § 1128A(a)(1)(E)
6. 42 U.S.C. § 1320a-7a(a)(2), SSA § 1128A(a)(2)
7. 42 U.S.C. § 1320a-7a(a)(3), SSA § 1128A(a)(3)
8. 42 U.S.C. § 1320a-7a(a)(4), SSA § 1128A(a)(4)
9. 42 U.S.C. § 1320a-7a(a)(5), SSA § 1128A(a)(5)
10. 42 U.S.C. § 1320a-7a(a)(6), SSA § 1128A(a)(6)
11. 42 U.S.C. § 1320a-7a(a)(7), SSA § 1128A(a)(7)
12. 42 U.S.C. § 1320a-7a(a)(8), SSA § 1128A(a)(8)
13. 42 U.S.C. § 1320a-7a(a)(9), SSA § 1128A(a)(9)
14. 42 U.S.C. § 1320a-7a(a)(10), SSA § 1128A(a)(10)
15. 42 U.S.C. § 1320a-7a(b)(1), SSA § 1128A(b)(1)
16. 42 U.S.C. § 1320a-7a(b)(2), SSA § 1128A(b)(2)
17. 42 U.S.C. § 1320a-7a(b)(3), SSA § 1128A(b)(3)
18. 42 U.S.C. § 1395w-27(g)(1), SSA § 1857(g)(1)
19. 42 U.S.C. § 1395mm(i)(6)(A), SSA § 1876(i)(6)(A)